

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049058

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3553

FILED JAN 10 1963

1. PLACE OF DEATH

a. COUNTY

ST LOUIS,

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN RICHMOND HEIGHTS

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

ST LOUIS,

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

ST MARY'S HOSPITAL

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

1012 LOEKES

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

ANTHONY

W.

MALCINSKI

4. DATE
OF
DEATH

Month

Day

Year

DEC. 3, 1962

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9/30/12

9. AGE (last birthday)
50

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

SUPERVISOR

10b. KIND OF BUSINESS OR INDUSTRY
MERCANTILE BANK

11. BIRTHPLACE (City and state or country)
EAST ST LOUIS ILL

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

PAUL MALCINSKI

13b. MOTHER'S MAIDEN NAME

JOSEPHINE

UNKNOWN

14. NAME OF HUSBAND OR WIFE

WILMA MALCINSKI

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) YES NO YES NO YES NO YES NO
YES NO YES NO YES NO YES NO

17. INFORMANT

Address

WILMA MALCINSKI 1012 LOEKES

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of prostate gland

INTERVAL BETWEEN
ONSET AND DEATH

4 mo

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/3/62

to 12/3/62

and last saw him alive on 12/3/62

Death occurred at 2pm

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Signature of Mortician)

22b. ADDRESS

4161 Lindell Blvd., St. Louis 8, Mo

22c. DATE SIGNED

12/5/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

REMOVAL

23b. DATE

12/12/62

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

23d. LOCATION (City, town, or county)

ST LOUIS MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

STROOT - CARROLL 4600 NAT'L BRIDGE

25. DATE RECD. BY LOCAL REG.

12-6-62

26. REGISTRAR'S SIGNATURE

John B. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

14005

24013

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DR KNIGHT
4161 LINDELL

1:00 P.M. TO 8:00 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

M W Rueter

Licensed Embalmer No.

4865

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.